

08/06/2008 22:51 FAX 2024429430

HRA

2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/07/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 7419 15TH STREET, NW WASHINGTON, DC 20012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS  An initial certification survey was conducted from July 30, 2008 through August 1, 2008 utilizing the full survey process. A random sample of three clients was selected from a population of five females with various levels of mental retardation and disabilities.  The findings of the survey were based on observations at the group home and two day programs, interviews with clients and staff, and the review of clinical and administrative records including incident reports.	W 000		
W 104	483.410(a)(1) GOVERNING BODY  The governing body must exercise general policy, budget, and operating direction over the facility.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record verification, the facility's primary care physician failed to sign physician orders as indicated in the facility's policy for five of the five clients residing in the facility. (Clients #1, #2, #3, #4, and #5)  The findings include:  1. Review of the Clients #1, #2, #3, #4, #5 and #6 medical records on July 30, 2008 revealed that the client's current physician orders were not signed. Further review of the medical records revealed an initial primary care physician consultation sheet dated July 25, 2008. The PCP consultation sheet indicated to continue with current medications. Interview with the Licensed Practical Nurse (LPN) Coordinator and Program Director/Qualified Mental Retardation	W 104	<p><i>Received 8/12/08</i></p> <p>GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002</p> <p>W 104</p> <p>The facility's primary care physician failed to sign the physician's orders for Client's #1, #2, #3, #4, and #5 residing at the facility, in accordance with the facility's admission's policy of within ten days which was revised to reflect within thirty days; however the primary care physician because of advanced scheduled appointments within her medical practice will sign these physician orders by 8/15/08 for all residents at this facility.</p>	8/15/08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that either safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

08/08/2008 22:51 FAX 2024429430

HRA

0014

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/07/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 7419 18TH STREET, NW WASHINGTON, DC 20012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 104	Continued From page 1 Professional (QMRP) on July 30, 2008 at approximately 2:30 PM indicated that the Admission Policy revealed that each client, prior to admission if possible or within ten days of admission shall receive a health inventory.	W 104	The governing body revised its admission's policy for five clients Client's #1, #2, #3, #4, and #5 residing in the facility from 'prior to admission if possible or within ten days of admission each client shall receive a health inventory to reflect a change that each client shall upon admission receive a health inventory from a Primary Care Physician within 30 days'. This policy change was revised and presented at the time of survey.	8/15/08
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS  The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.  This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to establish a system that would ensure clients were informed of the risks and benefits of their medication for one of the three clients in the sample. (Client #1)  The finding includes:  Client #1 was observed during the morning medication pass on July 30, 2008 at 7:08 AM and was administered Prozac 40 mg. Review of the client's current physician's orders revealed that the client was prescribed the aforementioned medication. Interview with the medication nurse revealed that the client was prescribed these	W 124	W 124  On 7/1/08 Resident # 1 # 2, # 3 #4 and # 5's did have residential rights in place in accordance with D.C Law 2-137 in addition to other applicable District and federal laws. Resident #1 is on medication called Prozac 40 mg to address targeted behaviors of bruxism and aggressive behaviors. Resident # 1 did have her grandmother involved in her life however with the passing of her guardian (grandmother) her legal representative (attorney) has remained actively involved in all aspects of resident #1's life to include the habilitation planning, residential placement, finances, treatment and medical matters to include potential risks involved in using this medication and rights to refuse treatment explanation.	7/1/08

08/08/2008 22:51 FAX 2024429430

ERA

0015

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/07/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 7419 15TH STREET, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 124	Continued From page 2 medications for behavioral management. Further interview with the LPN revealed that the medications were incorporated into Client #1's BSP dated April 10, 2008 to address targeted behaviors that included bruxism and aggressive behaviors.  Interview with the QMRP on July 30, 2008 at 9:30 AM revealed that Client #1's grandmother was involved in his life but died within the past year and a half. Review of Client #1's current Individual Habilitation Plan (IHP) at approximately 2:00 PM revealed that the client did not have the ability to make decisions on his behalf regarding habilitation planning, residential placement, finances, treatment and medical matters. At the time of the survey, the facility failed to provide evidence that the potential risks involved in using this medication, or her right to refuse treatment had been explained to the client and/or legal sanctioned representative. [See W283]	W 124	Furthermore resident #1's medical guardianship application was filed by her DDS case manager on 6/13/08 and the residential director is awaiting a hearing date for guardianship.		
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION  As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to implement clients self medication program for two of the three clients in the sample. (Clients #2 and #3)	W 249			

08/06/2008 22:52 FAX 2024429430

HRA

018

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/07/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/01/2008
---	---	--	---

NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 7419 16TH STREET, NW WASHINGTON, DC 20012
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------------	--	---------------------	--	----------------------------

W 249

Continued From page 3

The findings include:

1. During the medication pass observation, on July 30, 2008 at 7:20 AM, Client #2 was observed to pour a cup of water with minimal assistance. The medication nurse was observed to punch out the client's medication from six blister packages into a medication soufflé cup, gave the medications to the client and the client consumed the medications independently. The client was observed to put the cup in the trash can. Interview with the medication nurse indicated that the client participates in a self medication program. Review of the client's current amended Individual Program Plan (IPP) dated July 21, 2008 revealed a program objective which stated, "[the client] will punch out her medications from one blister given by the nurse with verbal prompts 75% of the opportunity across six consecutive months."

2. During the observation of the evening medication pass, on July 30, 2008 at 7:25 AM, the Licensed Practical Nurse (LPN) was observed preparing to administer Client #3's medication. The LPN was observed doing a finger stick. The medication nurse was observed to punch out the client's medication from the blister package and into a medication soufflé cup, the LPN gave the medications to the client and the client consumed the medications independently. The client was observed to put the cup in the trash can. Interview with the medication nurse indicated that the client participates in a self medication program. Review of the client's current amended Individual Program Plan (IPP) dated July 21, 2008 revealed a program objective which stated, "[the client] will take medications

W 249

W249

1. On 8/7/08 the GHMRP re-trained all medication nurses on proper training and assistance to all residents to include resident #2 and #3 in accordance with their Individual Habilitation plans.
2. On 8/7/08 all Licensed Practical nurses at this facility were re-trained on the opportunity for self-medication goals for all residents to include residents #2 and #3 to be implemented and exercised by all residents.

8/7/08

8/7/08

08/08/2008 22:52 FAX 2024429430

HRA

017

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/07/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 7418 16TH STREET, NW, WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 249	Continued From page 4 when administered with 100% accuracy for six consecutive months."  Review of the Client #3's Individual Program Plan (IPP) revealed a self-medication program that included the following steps:  The client will:  1. pick up bubble pack; 2. push pill out for the day; 3. put pill onto the plate; 4. pick up pill (s) 5. take medication; 6. drink water; and 7. put blister packages away.  There was no evidence that the client was given the opportunity to participate in her self- medication program.	W 249			
W 252	483.440(e)(1) PROGRAM DOCUMENTATION  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure that program data had been collected in accordance with the Individual Program Plan (IPP) for one of the three clients in the sample. (Client #1)  The finding includes:  During the medication observation pass on July	W 252			

08/06/2008 22:52 FAX 2024429430

HRA

0018

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/07/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  02/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 7419 16TH STREET, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 252	Continued From page 5 30, 2008 at 7:06 AM, Client #1 was observed pouring a cup of water with hand over hand assistance from the medication nurse. The nurse was observed to punch the medication from the blister package, gave the medication cup to the client. The client took the medication independently and put the cup in the trash. Interview with the medication nurse and the Licensed Practical Nurse (LPN) Coordinator indicated that the client participated in a self medication program during the evening administrations, only. Review of the IPP on August 1, 2008 at approximately 6:45 AM revealed an objective which stated, "[the client] will get a glass of water 75% of the opportunities per month across six consecutive months." Review of the data sheet on August 1, 2008 at approximately 10:00 AM revealed that the client performed the steps independently. The facility failed to document data in the form and frequency required by the plan.	W 252	W252  On 8/7/08 all medication nurses were re-trained on proper documentation relevant to Client #1's self-medication goal as well as all remaining clients at this facility. Furthermore the RN of the facility will conduct routine medication observations AM/PM on the facility to ensure that data relative to accomplishment of the criteria specified in all clients individual program objectives are documented in measurable terms.		8/7/08
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE  The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.  This STANDARD is not met as evidenced by: Based on observation, staff interview and record verification, the facility failed to ensure that restrictive measures had been approved by the Human Rights Committee (HRC) for two of three clients in the sample. (Clients #1 and #3)  The findings include:	W 262			

08/08/2008 22:53 FAX 2024429430

HRA

019

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/07/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 7419 19TH STREET, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 262	Continued From page 6  1. The facility failed to ensure that Client #1's Behavior Management Plan (BMP) and psychotropic medications were reviewed, and approved by the HRC.  On July 30, 2008 at 7:06 AM, Client #1 was observed to receive Prozac 40 mg. Interview and the record review revealed the client has a behavior management plan (BMP) to address her targeted behaviors. Review of the BSP confirmed that the client has a current BMP to address her maladaptive behaviors of bruxism and aggression. A request of the HRC minutes on August 1, 2008 at approximately 10:00 AM, revealed that they facility failed to review the restrictive measures for Client #1.  2. The facility failed to ensure that Client #3's Behavior Management Plan (BMP) and psychotropic medications were reviewed and approved by the HRC.  On July 30, 2008 at 7:25 AM, Client #3 was observed to receive Risperdal 1 mg. During the subsequent record verification, it was determined that the client was also prescribed Risperdal 2 mg in the evening. Interview and the record review revealed the client has a behavior management plan (BMP) to address her targeted behaviors. Review of the BSP confirmed that the client has a current BMP to address her maladaptive behaviors of obsessive compulsive disorder and hallucinations. A request of the HRC minutes on August 1, 2008 at approximately 10:00 AM, revealed that they facility failed to review the restrictive measures for Client #3.	W 262	W262  The facility has addressed its failure to ensure that the HRC committee review, approve and monitor each individual programs designed to manage inappropriate behaviors and other programs that in the opinion of the HRC committee, involve risks to client protection and client rights for Client # 1's Behavior Management Plan and psychotropic medications and client #3's Behavior Management Plan and psychotropic medications. The HRC committee will address this oversight on 8/28/08 at scheduled HRC meeting.	8/28/08	
W 283	489.440(r)(3)(ii) PROGRAM MONITORING & CHANGE	W 283			

08/08/2008 22:53 FAX 2024429430

HRA

020

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/07/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/01/2008
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

MARJUL HOMES

STREET ADDRESS, CITY, STATE, ZIP CODE

7419 18TH STREET, NW

WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------------	--	---------------------	--	----------------------------

W 263

Continued From page 7

The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.

This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure that each client's behavior intervention technique, including the use of behavior modification drugs was conducted with the written informed consent of the client, parents (if the client is a minor) or legal guardian for one of the three clients in the sample. (Clients #1)

The finding includes:

The facility failed to obtain informed consent prior to the use of restrictive measures as described in Client #1's BSP. [See W124]

W 331

483.480(c) NURSING SERVICES

The facility must provide clients with nursing services in accordance with their needs.

This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility's nurse failed to have telephone orders signed as indicated in the policy for five of the five clients in the sample. (Clients #1, #2, #3, #4, and #5).

The finding includes:

On July 30, 2008 at 7:20 AM, Client #2 was administered Novolin (70/30 human insulin) 24

W 263

W 263

Client # 1 is awaiting guardianship hearing; however client #1's legal attorney is actively involved in all aspects of her life. Client #1's attorney was informed of all medications to include behavior modification drugs. Furthermore resident #1's medical guardianship application was filed by her DDS case manager on 6/13/08 and the residential director is awaiting a hearing date for guardianship.

W 331

W 331

The facility's primary care physician failed to sign the telephone orders for Client's #1, #2, #3, #4, and #5 residing at the facility, in accordance with the facility's admission's policy of within ten days which was revised to reflect within thirty days; however the primary care physician because of advanced scheduled appointments within her medical practice will sign these telephone orders by 8/15/08 for all residents at this facility.

8/15/08



08/06/2008 22:53 FAX 2024429430

BRA

021

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/07/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/01/2008
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

MARJUL HOMES

STREET ADDRESS, CITY, STATE, ZIP CODE

7419 15TH STREET, NW

WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 331	Continued From page 8 units. Interview with the medication nurse indicated that the client had a diagnosis of diabetes mellitus. Review of the the client's physician order revealed a telephone order dated July 3, 2008, for Novolin (70/30 human insulin) 24 units in the morning, that had not been counter-signed by the Primary Care Physician (PCP). Interview with the Licensed Practical Nurse (LPN) on August 1, 2008 at approximately 10:30 AM indicated that the facility's policy stated, "phone orders must be counter-signed by the physician on his/her next visit to the program site. Further interview with the LPN and Program Director indicated that the clients visit the PCP office. Further review of the medical records revealed an initial primary care physician consultation sheet dated July 25, 2008, that indicated to continue with current medications.	W 331		
W 393	483.460(n)(1) LABORATORY SERVICES  If a facility chooses to provide laboratory services, the laboratory must meet the requirements specified in part 493 of this chapter.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure it met the requirements for performing glucose monitoring testing for two of five clients who requires glucose monitoring. (Clients #2 and #3)  The finding includes:  1. During the morning medication administration observation on July 30, 2008 at 7:20 AM, the nurse was observed performing a fingerstick glucose test on Client #2 using a glucometer. Interview with the nurse and record verification on	W 393	W393  The administration has reviewed the requirements specified in part 493 of the Clinical Laboratory Act (CLIA) regulations; and agree that the facility was not in compliance, and has initiated the application process for certification 8/8/08 for performing glucose monitoring testing for two of the five clients who requires glucose monitoring.	8/8/08

08/06/2008 22:54 FAX 2024429430

HRA

0022

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/07/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 7419 16TH STREET, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 393	<p>Continued From page 9</p> <p>August 1, 2008, revealed that Client #2 had a diagnosis of diabetes mellitus and was prescribed human insulin twice a day to treat this health condition. The client's glucose measurement was documented as 89 mg.</p> <p>2. During the morning medication administration observation on July 30, 2008 at 7:25 AM, the nurse was observed performing a fingerstick glucose test on Client #3 using a glucometer. Interview with the nurse and record verification on August 1, 2008, revealed that the client had a diagnosis of diabetes mellitus and was prescribed human insulin twice a day to treat this health condition. The client's glucose measurement was documented as 85 mg.</p> <p>Interview with the designated nurse and the review of records on August 1, 2008 at 11:00 AM revealed that the provider does not have a certificate of waiver as required by part 493 of the Clinical Laboratory Improvement Act (CLIA) to perform laboratory services, such as glucose monitoring in the facility. This information will be referred to the laboratory surveyor for review.</p>	W 393			

08/08/2008 22:46 FAX 2024429430

HRA

004

PRINTED: 08/07/2008  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  39G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 7419 16TH STREET, NW WASHINGTON, DC 20012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
1 000	INITIAL COMMENTS  A licensure revisit was conducted from July 30, 2008 through August 1, 2008 during the initial federal certification survey. A random sample of three residents was selected from a population of five females with various levels of mental retardation and disabilities.  The findings of the survey were based on observations at the group home and two day programs, interviews with residents and staff, and the review of clinical and administrative records including incident reports.	1 000	<i>Received 8/12/08</i> GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002
1 206	3509.6 PERSONNEL POLICIES  Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties.  This Statute is not met as evidenced by: Based on interviews and record review, the facility failed to ensure that four (4) of its consultant staff provided copies of current health inventories as required by State regulations pertaining to health (22 DCMR Chapter 35, Section 3509.6).  The finding includes:  The State regulatory agency conducted a review of personnel records on August 1, 2008, at which time there was no evidence that its Primary Care Physician, Psychologist, Physical Therapist, and	1 206	1206  The administration will ensure that the Primary Care Physician, Psychologist, Physical Therapist, Nutritionist and staff #13 health certificates will be evident in their personnel files at the HR department by 8/15/08.

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X5) DATE

377111

8-12-08  
If continuation sheet 1 of 7

08/06/2008 22:48 FAX 2024429430

HRA

003

PRINTED: 08/07/2008  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 7419 18TH STREET, NW WASHINGTON, DC 20012			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1 208	Continued From page 1 Nutritionist and Staff #13 had current health certificates on file.	1 208			
1 422	3521.3 HABILITATION AND TRAINING  Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan.  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide training and assistance to residents in accordance with the their Individual Habilitation Plans for two of the three residents included in the sample. (Residents #2 and #3)  The findings include:  1. During the medication pass observation, on July 30, 2008 at 7:20 AM, Resident #2 was observed to pour a cup of water with minimal assistance. The medication nurse was observed to punch out the resident's medication from six blister packages into a medication soufflé cup, gave the medications to the client and the client consumed the medications independently. The resident was observed to put the cup in the trash can. Interview with the medication nurse indicated that the resident participates in a self medication program. Review of the resident's current amended Individual Program Plan (IPP) dated July 21, 2008 revealed a program objective which stated, "[the resident] will punch out her medications from one blister given by the nurse with verbal prompts 75% of the opportunity across six consecutive months."  2. During the observation of the evening medication pass, on July 30, 2008 at 7:26 AM,	1 422	1422  1. On 8/7/08 the GHMRP re- trained all medication nurses on proper training and assistance to all residents to include resident #2 and #3 in accordance with their Individual Habilitation plans. 2. On 8/7/08 all Licensed Practical nurses at this facility were re-trained on the opportunity for self- medication goals for all residents to include resident # 3 to be implemented and exercised by all residents.	8/7/08  8/7/08	

Health Regulation Administration  
STATE FORM

5509

G7FI11

If continuation sheet 2 of 7

08/08/2008 22:49 FAX 2024428430

HRA

006

PRINTED: 08/07/2008  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  D9G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 7419 16TH STREET, NW WASHINGTON, DC 20012			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
1422	Continued From page 2  the Licensed Practical Nurse (LPN) was observed preparing to administer Resident #3's medication. The LPN was observed doing a finger stick, and subsequently punched out the resident's medication from the blister package into a medication souffle cup. The LPN gave the medications to the client who consumed them independently, and then discarded the cup in the trash can. Interview with the medication nurse indicated that the resident participates in a self medication program. Review of the resident's current amended Individual Program Plan (IPP) dated July 21, 2008 revealed a program objective which stated, "[the resident] will take medications when administered with 100% accuracy for six consecutive months."  Review of the Resident #3's Individual Program Plan (IPP) revealed a self-medication program that included the following steps:  The resident will:  1. pick up bubble pack; 2. push pill out for the day; 3. put pill onto the plate; 4. pick up pill (s) 5. take medication; 6. drink water; and 7. put blister packages away.  There was no evidence that the resident was given the opportunity to participate in her self-medication program.	1422			
1436	3521.7(f) HABILITATION AND TRAINING  The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:	1436			

Health Regulation Administration  
STATE FORM

8800

G7FJ11

If continuation sheet 3 of 7

08/06/2008 22:49 FAX 2024429430

HRA

007

PRINTED: 08/07/2008  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 7419 16TH STREET, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETE DATE	
1436	Continued From page 3  (f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety);  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide training and assistance to residents in accordance with the resident's Individual Habilitation Plan for two of the three residents included in the sample. (Residents #2 and #3)  The findings include:  1. During the medication pass observation, on July 30, 2008 at 7:20 AM, Resident #2 was observed to pour a cup of water with minimal assistance. The medication nurse was observed to punch out the resident's medication from six blister packages into a medication source cup, gave the medications to the client who consumed the medications independently, and discarded the cup in the trash can. Interview with the medication nurse indicated that the resident participates in a self medication program. Review of the resident's current amended Individual Program Plan (IPP) dated July 21, 2008 revealed a program objective which stated, "[the resident] will punch out her medications from one blister given by the nurse with verbal prompts 75% of the opportunity across six consecutive months."  2. During the observation of the evening medication pass, on July 30, 2008 at 7:25 AM, the Licensed Practical Nurse (LPN) was observed preparing to administer Resident #3's medication. The LPN was observed doing a	1436	1436  On 8/7/08 the GHMRP retrained all medication pass nurses on habilitation and training to residents in the following areas to include health care (including skills related to nutrition, use and self-administration of medication, first aid care and use of prosthetic and entotic devices, preventive health and safety.  1. On 8/7/08 the GHMRP re-trained all medication nurses on proper training and assistance to all residents to include resident #2 and #3 in accordance with their Individual Habilitation plans. 2. On 8/7/08 all Licensed Practical nurses at this facility were re-trained on the opportunity for participation of self-medication goals for all residents to include resident # 3 to be implemented and exercised by the residents	8/7/08  8/7/08  8/7/08	

Health Regulation Administration  
STATE FORM

0000

G7F111

If continuation sheet 4 of 7.

08/06/2008 22:49 FAX 2024428430

HRA

008

PRINTED: 08/07/2008  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  08G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 7418 16TH STREET, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1436	Continued From page 4  finger stick, and subsequently punched out the resident's medication from the blister package into a medication soufflé cup. The LPN gave the medications to the client and the resident consumed the medications independently, and then discarded the cup in the trash can. Interview with the medication nurse indicated that the resident participates in a self medication program. Review of the resident's current amended Individual Program Plan (IPP) dated July 21, 2008 revealed a program objective which stated, "[the resident] will take medications when administered with 100% accuracy for six consecutive months."  Review of the Resident #3's Individual Program Plan (IPP) revealed a self-medication program that read the following steps:  The resident will:  1. pick up bubble pack; 2. push pill out for the day; 3. put pill onto the plate; 4. pick up pill (a) 5. take medication; 6. drink water; and 7. put blister packages away.  There was no evidence that the resident was given the opportunity to participate in her self-medication program.	1436			
1500	3623.1 RESIDENT'S RIGHTS  Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.	1500			

Health Regulation Administration  
STATE FORM

5500

G7F111

If continuation sheet 5 of 7

08/08/2008 22:50 FAX 2024429430

HRA

2009

PRINTED: 08/07/2008  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 7419 16TH STREET, NW WASHINGTON, DC 20012			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
1500	<p>Continued From page 5</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the protections of each resident rights for five of the five residents included in the facility. (Residents #1, #2, #3, #4, and #5)</p> <p>The findings include:</p> <p>1. Resident #1 was observed during the morning medication pass on July 30, 2008 at 7:06 AM and was administered Prozac 40 mg. Review of the resident current physician's orders revealed that the resident was prescribed the aforementioned medication. Interview with the medication nurse revealed that the resident was prescribed these medications for behavioral management. Further interview with the LPN revealed that the medications were incorporated into Resident #1's BSP dated April 10, 2006 to address targeted behaviors that included bruxism and aggressive behaviors.</p> <p>Interview with the QMRP on July 30, 2008 at 9:30 AM revealed that Resident #1's grandmother was involved in his life but died within the past year and a half. Review of the Resident #1's current IHP at approximately 2:00 PM revealed that the resident did not have the ability to make decisions on his behalf regarding habilitation planning, residential placement, finances, treatment and medical matters. At the time of the survey, the facility failed to provide evidence that the potential risks involved in using this medication, or her right to refuse treatment had been explained to the resident and/or legal sanctioned representative. [See VV283]</p>	1500	<p>1500</p> <p>On 7/1/08 Resident # 1 # 2, # 3 #4 and # 5's did have residential rights in place in accordance with D.C Law 2-137 in addition to other applicable District and federal laws. Resident #1 is on medication called Prozac 40 mg to address targeted behaviors of bruxism and aggressive behaviors. Resident # 1 did have her grandmother involved in her life however with the passing of her guardian (grandmother) her legal representative (attorney) has remained actively involved in all aspects of resident #1's life to include the habilitation planning, residential placement, finances, treatment and medical matters to include potential risks involved in using this medication and rights to refuse treatment explanation. Furthermore resident #1's medical guardianship application was filed by her DDS case manager on 6/13/08 and the residential director is awaiting a hearing date for guardianship.</p>		7/1/08



08/08/2008 22:50 FAX 2024429430

HRA

010

PRINTED: 08/07/2008  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 7419 16TH STREET, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
1500	Continued From page 6 2. See W262	1500			

06/06/2008 22:50 FAX 2024428430

HRA

011

PRINTED: 08/07/2008  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 7419 18TH STREET, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	INITIAL COMMENTS  A licensure revisit was conducted from July 30, 2008 through August 1, 2008 during the initial federal certification survey. A random sample of three residents was selected from a population of five females with various levels of mental retardation and disabilities.  The findings of the survey were based on observations at the group home and two day programs, interviews with residents and staff, and the review of clinical and administrative records including incident reports.	R 000	<i>Received 8/12/08</i> GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 825 NORTH CAPITOL ST., N.E., 2ND FLOOR WASHINGTON, D.C. 20002		
R 125	4701.5 BACKGROUND CHECK REQUIREMENT  The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.  This Statute is not met as evidenced by: Based on the review of records, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check.  The finding includes:  Review of the personnel files on August 1, 2008 revealed the GHMRP failed to provide evidence of criminal background checks for all of the direct care staff since it acquired control and	R 125	R 125  The GHMRP since the acquirement of this facility on 7/1/08 had acquired background checks that were transferred with previous service provider within personnel files; however the administration is in the process of acquiring new background for all direct care staff at this facility by 8/29/08.	8/29/08	

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

37F111

8.12.08

If continuation sheet 1 of 2

08/06/2008 22:50 FAX 2024428430

HRA

012

PRINTED: 08/07/2008  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/01/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 7419 18TH STREET, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R 125	Continued From page 1 responsibility for this facility.	R 125			

Health Regulation Administration  
STATE FORM

8899

G7F111

If continuation sheet 2 of 2